

Older Adults Given Dangerous Medications during Emergency Visits

[A clinical research study](#)

of an approved non-stimulant drug for adolescents 10-16 with ADHD.

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Submitted by [Deborah Mitchell](#) on 2010, March 14 - 06:05

If you are 65 or older and have been treated during an emergency visit to the hospital, there is a one in six chance you were given potentially dangerous medications. Older adults are especially susceptible to problems associated with medications, as they are more likely to be taking more than one drug and to be treating more than one medical condition.

In a study conducted by University of Michigan researchers, data from the [National Hospital Ambulatory Medical Care Survey](#) were evaluated to determine how many individuals aged 65 and older had been discharged from the emergency department after receiving a potentially dangerous medication.

The study covered the period between 2000 and 2006 and sampled about 470,000 outpatient clinic and emergency visits. This sample corresponded to an estimated 1.5 billion emergency visits nationwide.

The investigators discovered that 16.8 percent of older adults were released after being treated with medications that could cause them harm. Ten drugs made up 86.5 percent of the list of inappropriate medications used during the emergency visits, and two drugs, promethazine (Promethegan®) and ketorolac (Toradol®), accounted for nearly 40 percent.

[Promethazine](#) is used to treat allergic reactions, allergic conjunctivitis, and allergic skin reactions. [Ketorolac](#) is a nonsteroidal anti-inflammatory drug (NSAID) that is used to treat moderately severe pain. This drug should not be taken for longer than five days because of the risk of serious side effects. Three other drugs near the top of the list included propoxyphene (Darvon®; narcotic pain reliever), meperidine (Demerol®, narcotic pain reliever), and diphenhydramine (Benedryl®, among others, antihistamine).

William J. Meurer, MD, MS, assistant professor at the University of Michigan's Departments of Emergency Medicine and Neurology and the study's lead author, pointed out that among older individuals, "the potential benefits are outweighed by potential problems" for certain medications. He noted that several actions need to be and should be taken to address this issue.

One is to educate doctors about which medications are appropriate for older adults. This study found that suitable medications were more likely to be used in older adults when residents or interns were involved in the treatment, probably because younger doctors have undergone recent training regarding medication use.

Patients and their families can help prevent use of harmful medications as well. They are urged to speak with the primary care physician either during or after the emergency visit, ask for a list of any medications that were given during the emergency visit and their side effects, inform doctors and nurses in the emergency department about medications and supplements you or a loved one are taking, and contact your physician immediately if you have a negative reaction to any medication you were given.

Although this study did not investigate interactions of medications, drug interactions in an emergency department setting are a major concern as well. Because drug interactions were not included as part of this study, it is possible the potential dangers associated with medications used during the emergency visits are

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SOURCES:

Centers for Disease Control and Prevention

University of Michigan Health System, news release Mar. 11, 2010

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